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CONFIRMATION NO. 8430

<b>SERIAL NUMBER</b> 10/522,898	<b>FILING OR 371(c) DATE</b> 02/01/2005 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> 0573-1017
<b>APPLICANTS</b> Younes Boudjemline, Clamart, FRANCE;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/FR03/02386 07/28/2003 <i>66</i>				
<b>** FOREIGN APPLICATIONS *****</b> FRANCE 02/09807 08/01/2002 <i>66</i>				
** SMALL ENTITY **				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met <i>allowance</i> Verified and Acknowledged <i>glamor</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> FRANCE	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> <del>15</del> 14
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> 466				
<b>TITLE</b> Device for occluding a hole in a body wall and a unit for inserting said device				
<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	